

Kansas State Board of Pharmacy
Continuous Quality Improvement Meeting Report Form

Date of Report: _____ **Date of Meeting:** _____

Names of Pharmacy Employees in Attendance: _____

Identify Incident Type: _____

__Description of the Steps Taken or to be Taken to Prevent Recurrence of Each Incident
Reviewed:

Identify Incident Type: _____

__Description of the Steps Taken or to be Taken to Prevent Recurrence of Each Incident
Reviewed:

Identify Incident Type: _____

__Description of the Steps Taken or to be Taken to Prevent Recurrence of Each Incident
Reviewed:

* Use multiple _____
within the quarter _____ pages as needed for covering all incidents

KS BoP - 082009 (081476)